STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

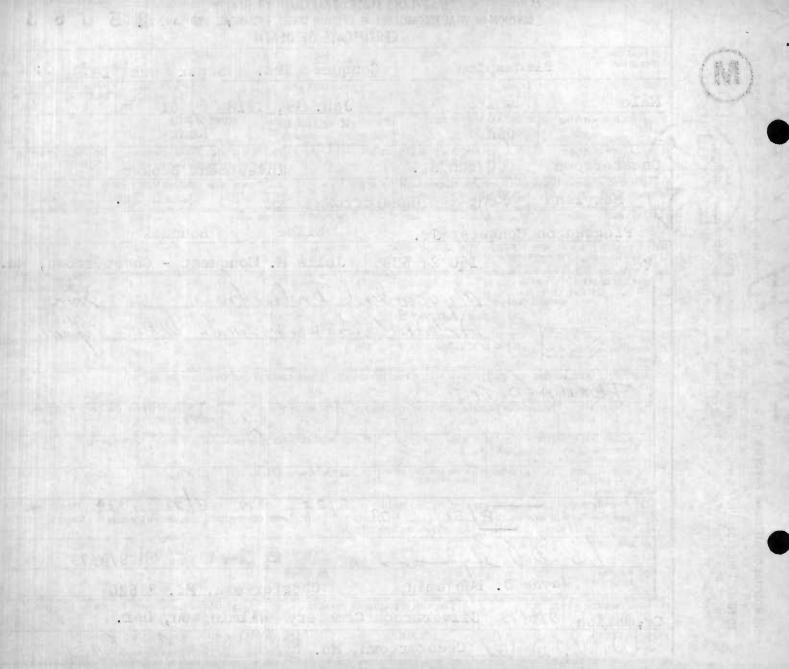
FOR

THE AMERICAN STREET, AND ADDRESS OF THE PARTY OF THE PART billians and main salament for a figure of the Data transfer to the contract of the contract

2 1.	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 2 5	5 6 2
	- STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  DECEASED NAME FIRST (ROBERT) MIDDLE  ASST. TO DATE MANUAL SHOWEN AS HOUSE	
	DECEASED NAME FRST (ROBELL) MIDDLE LAST 20. DATE KNOWN A MONTH OF ESTI- DEATH MATED 10/	13/,79 12 HOU
3. Si	male white 7/21/1895 84 YRS. IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH PRONOUNCED 10/13/7	9 19 930 19
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  ent Co. Md.  76. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED KENT  **ENT**	OF DEATH
10.	city or town of death  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Retired Insuranc	
	WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  NOTTH Main St.  NOTTH Main St.	
14.	FATHER'S NAME Robert Carter  Is MOTHER'S MAIDEN NAME FIRST Clara B. Rasin	LAST
160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADINOL IN	ain St. all, Md.
7	Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.  (b) PROBABLE ACUTE MY O CARDINAL  DUE TO, OR AS A CONSEQUENCE OF IN FART 2 OTNER SIGNIFICANT CONDITIONS CONTRIRUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (d)	IMMEDIATE
CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
		YES NO
MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  216. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY OF TOWN COUNTY	NTY STATE
	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE	10/13/79
230	Burial CREMATION, REMOVAL 23b. DATE 10/16/79 Loudon Park Cem. 23d. LOCATION COUNT CHIT OF TOWN Baltimore, Mary	
24.	FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SK	

District of the state of the st

200	1			D STATE DEPART			pa (* / **)
7			DIVISION OF VITAL RECORDS,			RE, MARYLAND 2)20	15 5 6 3
11				CERTIFICATE O	F DEATH		
		ECEASED-NAME First (Type ar print) P1	easanton Middle	Conquest		Sept Month 4th	Doy 19 Year 5:30 M
3 4973	3.5		T4. RACE				
		fale/		S. DATE OF		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
2 20 2			white	Jan.		61	RS.
hod in the	509	HILLIH LACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?  USA	8. MARRIED X NEVER M	AKKILU .	NUNTY OF DEATH  Kent	
in 24 h	10	ITY OR TOWN OF DEATH	11. NAME DE HOSPITAL OR INS		ORCED 120 USUAL OC	CUPATION (Kind of work do	Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the haspital or attending physician.  **IRECTOR: After this certificate has been signed by the attending physician and campletely filled in the e 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers ed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours.	(	Chestertown	Queendorst.	officer (if not in nospinal	during mast of	working life, even if setire	ine 12b. KIND OF BUSINESS OR INDUSTRY
ruted ramplet ve car event,	13a. adm	USUAL RESIDENCE (Where decease issian) Maryland	d lived, if institution: Residence befare	13c, CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER Queen S	t
exect exect and call any e	14	FATHER'S NAME First	Middle Lost	stertown	MAIDEN NAME First	Middle	
ritificate be execut physician and cam en please remave aval, and in any ev	1		Conquest Jr.		ise	Loundes	Last
ate to ician lease and	160	WAS DECEASED EVED IN ILS ADMI	D FORCES? 16b. SOCIAL SECURITY I		200	Addres	
ifico nysic al,	,		or dates of service) 160 24 63		a H. Con		estertown, Md.
equires that the death certific physician. signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval,			ane cause per line far (a), (b), and (c).				APPROXIMATE INTERVAL
ne death cei attending p permit. The		PART I. DEATH WAS CAUSED	BY: White	1/ /	notice	(0.2)	BFTWEEN ONSET AND DEATH
ne deat attend permit. ian, ar r		410 - IMMEDIAL	DUE TO, OR AS A CONSEQUENCE OF	0.10(-)	01	1 2	
the chit particular	5	Canditians, if any, which gave	6	clarstic (	achina	ula DIAB	CE LROYS.
that n. by th ans rem		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		0(- 4: +0-1)(	711-4 272110.	92472
quires that the physician. signed by the burial-transit purial transit purial, crematian		last.	(c)				
quir phy: ign ouric		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE DR CDNDI	TIDN GIVEN IN PART 1(a)	
ng en s	z	PERICA	271775				
IAN: The law re tall or attending ficate has been far use as the lift Health priar talk	CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AU	TOPSY?		GS CONSIDERED IN CERTIFYING
The atte	IE I			YES [	□ ND □	CAUSES DF DEATH?	
or ate		21a. ACCIDENT WAS UNDERLYING	Zioi iiiie oi iiiseiti	21c. HOW INJURY O	OCCURRED (Enter natu	re of injury in Part 1 or Part	2, Item 18.)
Pit Pitie	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH					
R ATTENDING PHYSICIAN: The law retained by the haspital or attending RECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta	W	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION St	reet or R.F.D. Na.	City ar Town	County State
the det		While Nat while at work				1	
be Stat		22o. I certify that (I) (this	hespital) attended the deceose ve on 31 1	d from 8/23	, 19.79	, to 8/31	1979 , that (1) ( lost
R: A vild the		sow the deceased of	ve on (I) (we) (did) (did not) view the	ody ofter death	my) ( opinion	deoth occurred on the	dote and hour and from the
ATTEND etained CTOR: A shauld I		22b. SIGNATURE	(1) (NO) (GIO) (GIO) VICH IIIC	oody oner doon.			22c. DATE SIGNED
OR De re		122	0. 2	DEGREE PHYS.	DING MED.	OR STAFF	9/4/79
AI D		22d. PHYSICIAN'S			DDRESS	(1113)	
SPIT Gr, d be		NAME (Type) Wayr	e D. Benjamin	Cł	nestertor	wn, Md. 216	20
Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creasing the state Dept.	23a	BURIAL, CREMATION, 23b. D.	6/79 Silverbro	CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(Caunty) (State)
07 P P P P P P P P P P P P P P P P P P P	C	remarrion 9/		ok Cemete	ry Wilm	ington, De	I.
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS	36.3	250 REC'D BY REC	GISTRAR 2Sb REGISTR	AR'S SIGNATURE
VR A15 (4) 45M · 1/69	1	The elliste	lux Chester	town, Md.	POATE IUI	3/9 Printrey	McCreed.



R 03	, , , , , =	€1.	940 TE	Van	
	La La La Regional de la Caracia de la Caraci	21,1884	21/2		9.13
	34217	X			
in Arabeatan		J 150	Joseph , see	nch wish has	i ilian seo.
				30,12	
Combine		1003	Jan 10		
		upag .um		12.7	04:
		ort art			
					3 2 1
10/2/10				· Justing 140	, ware

	FOR 1 - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 7 9 2	5 5 6 5
	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	CERTIFICATE OF DEATH		YEAR 26 HOUR
(M)	Ear		Everett Sr.	October 12, 1979	7:50
	3 SEX Male	4 RACE White	5 DATE OF BIRTH MONTH DAY April 22 1895	0/.	AONIHS DAYS HOURS M
The man and	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR		9. BALTIMORE CITY OR COUNTY	OF DEATH
# TE 65 5	Maryland	U.S.A.	WIDOWED TO DIVORCED	Kent County	
by the filed with	Chestertown	Kent and Queen	Anne's Hospital, In	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Farmer	12b. KIND OF BUSINESS INDUSTRY  Farming
ithin 24 hour rely filled in 2 should be	13a. STATE 13b C	AS OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 13c. CITY OR TO CHEEN Anne Church	NWN 13d. INSIDE CITY LIMITS?  H111 YES □ NO ▼  15. MOTHER'S MAIDEN N		
tomple I and	Samuel	Thomas Ever	ett Susie		Witlock
execution of the state of the s	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)		ADDRESS	
rs. Pe	No	217-36		cords-Chestertown	Maryland 2  APPROXIMATE INTERVA  BETWEEN ONSET AND DE
ires that the death c gned by the attendin in please remove carb burial, cremation, or ty, or other traumation		DUE TO, OR AS A CONSEC		MINAL DISEASE OR CONDITION GIVE	1
ne low requipes some six permit. The permit. The ene prior to aws ony injur	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH
SICIAN: The og physician certificate h irral-transit gental Hygre ental Hygre leem 18 sha	OR SOLUTION TO CAUSE O	F DEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF MURY IN ITEM 18, PA	ART 1 OR PART 2)
DING PHYSI or attending After this ce te as the burn alth and Mer	GIF EITHER, NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211. LOCATION	CITY OR TOWN	COUNTY STAT
TTENDIN pital or TOR: Afr for use o of Health	saw the deceased alive	ospital) attended the deceased from on October 12 19 d nat) view the body after death.	70	to October 12 death occurred an the date and hour	19_79, that (1) (==
SPITAL OR A I by the hos VERAL DIREC be detoched e Stote Dept.	22b. SIGNATURE	Bo: -	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/13/7
OR BELLE		enjamin, M.D.		wn, Maryland 2162	0
0 g 0 g g x	230. BURIAL, CREMATION, REMO		C NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY A STATE
BP	BURIED	10-15-79	HURCH HILL CEMETI	RY CHURCH WILL	QAQCO. V
DHMH - 16 50M 7/77	24 FUNERAL DIRECTOR	UBBARD FUN.	PHESTEIZ 150 DA	T 7 2 1979 KAR	MANUTE T

		CAMBRE			100	
		21 2 21				
						maker of IIV
1,900 JOH HANDH	1 to 152		T128 8051			2.1
tl buil zuit . redrze	on esta-marious		TO	IS HELD		
Same 2	N. Sant Berlin	BONDERS OF	N 72-27-31	000		
	W. Dall					
-4						
				1000000	NAME OF THE PERSON NAME OF THE P	
10/13/94						
					7.77	
	1				Laste.	
a Sept And	· Light · · · · · · · · · · · · · · · · · · ·	TAMED AND S		10 apr 14		Edgan
	(16. ) (1.	21163	11 3	-4	C.H. De	
The second secon			The state of the s	124	1.1	

į,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DAY YEAR 2h HOUR IF UNDER I YEAR IF UNDER 24 HRS HOURS DAYS BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR INDUSTRY LAST Miller PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) COUNTY STATE 1970 \_, and that in (my) (aur) apinian death occurred on the date and have and from the causes stated 22c. DATE SIGNED REGISTRAS 256. REGISTRAR'S SIGNATURE A-FUNERAL DIRECTOR DHMH-16 25M (VRA 15, 4) 1/79



V 6 - 2 - 1 - 1				
		Emple to be	o Leno	property.
AND LOCAL SHOPE THE AND LOCAL TO				purared
The second second second				
	b di	0 8	regular .	
	Modern Mode	UA	TUE.	
The Section of the Section				



HOME

STATE OF MARYLAND

6 0		N 1 - 1	THE SHEET SH		
	5.5.5			202	
				The second state of	
				managa noping	
				Tensor and the least of the lea	on Section Control
			12002727	Line sky in the same of the sa	
	. myodzano		cent (pikessi)		
	100-00	\3K #	AT TO L	Serial - U	
				in the state of th	
		al reading		A Marie Jack	
in a contract		\$ 5 <sup>5</sup>	00		

Chestertown, Md

FOR

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11:46P

IF UNDER 24 HRS

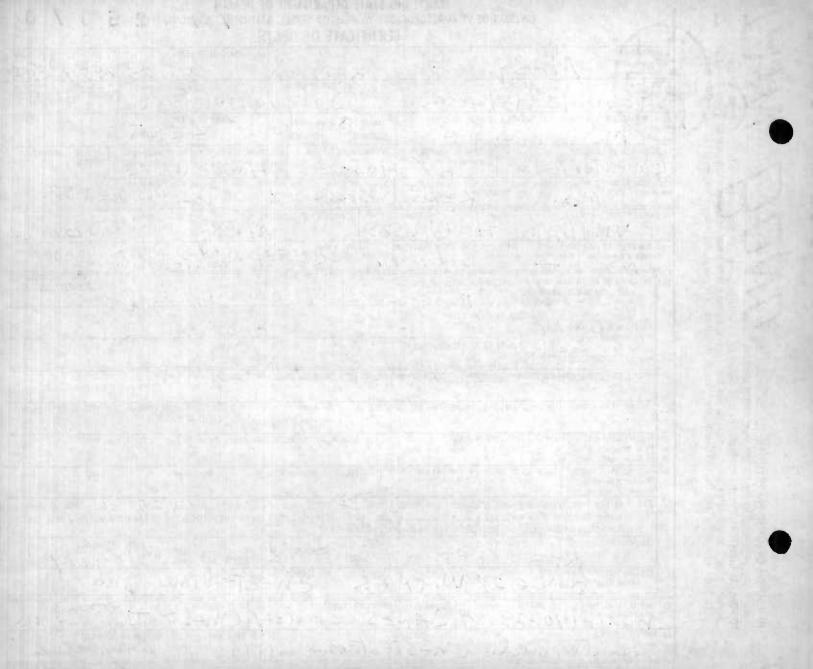
NO I

STATE

STATE

1 (/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORY, MARYLAND 21201 5 5 7 0	
20		CERTIFICATE OF DEATH	
death		CEASED-NAME First Middle Lost 2a. DATE OF DEATH  ype ar print)	UR
	3. SE	X 4 RACE S. DATE OF BIRTH 6. AGE (In years 14 UNDER 14 UNDER 24	M
		FEMALE BLACK S. DATE OF BIRTH DO 1 / 10, 1901 G. AGE (In years I BUNDER YEAR IF UNDER 24 HOURS YRS.	MIN.
	7o. E		V.
	10 0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS O	Md.
20	6	nesterious give street address) Home during most at working life, even it retired INDUSTRY	R
25	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY RENT COUNTY RESIDENCE (TY LIMITS? 13c. STREET AND NUMBER 13c. CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY LIMITS?	
	14. F	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last	0
40	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address	كر
1		WAS DECEASED EVER IN U.S. ARMED FORCES?  106. SOCIAL SECURITY NO.  17. INFORMANT  18. SOCIAL SECURITY NO.  18. SOCIAL SECURITY NO.  18. SOCIAL SECURITY NO.  19. SOCIAL SECURITY NO.	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	TH
		4599 IMMEDIATE CAUSE (a) Contracto Selection Contracto C	_
		DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave)	
		rise to immediate cause (a), (b)  DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
4		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	VION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
9	CERTIFICATION	YES NO CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
71	MEDICAL	(If either, natify medical examiner) P.M. 19	
		21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street at R.F.D. Na. City at Tawn County States at wark at wark   10 marks   10 ma	е
		22a. I certify that (I) (this haspitol) attended the deceased fram 1920, to 10/25, 197, that (I) (we)	last
		saw the deceased alive an 10/2 , ond that in (my) (our) opinion death occurred on the datelond haur and fram causes stated above, (I) (we) (did) (did not) view the bady after death.	the
		22b. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE SIGNED	
		DEGREE PHYS. DIRECTOR PHYS. DI 15/1/19	
1		22d. PHYSICIAN'S NAME (Type) RUDER/WIFARR 22e. ADDRESS ESTERTOW-MG.	
1	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Company (State)	
-	24 1	UNERAL DIRECTOR 1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	7
4)	1	250. KELISTRAK 250. KELISTRAK SIGNATURE	

MAKILAND STATE DEPAKIMENT OF HEALTH



	1.	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / 9	255	/ !
poge 3		CEASED NAME FIRST TAMES	ARTHUR	MAS	AST			26 HOUR
Page 4 may	3 SE	MALE	WHITE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 H
36	K	ent Co.	U.S. A	MARRIE	4	BALTIMORE CITY OF		
ours office of filed with the following of the filed with the following of		ITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NUR UF NOT IN SUCH FACILITY, GIVE STI POFTER GOVE	- Work	PROTHER INSTITUTION	120 USUAL OCCUPATION (1496 OF WORK FOR MOST OF FACMER & W.)	WORKING LIFE) INDUSTRY	BUSINESS
y filled should b	130	STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BE		13d INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NAME OF THE PROPERTY OF THE PRO	130 STREET ADDRESS	ove - Worton	Rd
complete		FRANK	MASO		ANNIE	MIDDLE	GIESER	
an and c		VAS DECEASED EVER IN U.S. ARME YES, NO ORUNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SI	-942	FRANKLIN	R. Mason	Worton 1	18 · 1d ·
hot the death certification by the ottending physis ose remove carbon popping, cremotion, or removal ather troumatic event, to		18 CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gave rise to immediate couse ial, stating the underlying cause last	SY	QUENCE OF	Joseph Joseph	) X Z	3-ja	ATE INTERVAL
been signed mit Then ples prior to burio ony injury, or	ATION	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING T	8			TION GIVEN IN PART 1(a)	S USED
The le icion. te hos ssit per giene shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO P	IN CERTIFYING CAUSES O YES  IN ITEM 18, PART 1 OR PART 2)	NO [
HYSICI Instruction in Mentol.	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19	211 LOCATION	CITY OR TOWN		STATE
or officers of the second or officers of the or	~	WHILE NOT WHILE 220.1 certify that (1) (this hospital) sow the deceased alive on	ottended the deceased fro	m_ C=	d that in (my) (ma) apinion (		l 19.79 , th	at (I) (🗪 I
AL OR the horal DIRE detacher Dep III: If the horal Direction of the Dep III: If the III: III the III the III: III the I		above, (1) (we) (did) (did) (1) vi 22b. SIGNATURE	aisi	-	DEGREE	MEDICAL STAFF	22c. DATE SI	
TO HOSPITAL etoined by if TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE OR PRI	rick, MI	),	22e. ADDRESS	er tow.	v, Md	
BP	-	Burial	23b. DATE 2.	Ches.	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	own Kent	Md
OHMH - 16 50M 1/76 (VR A 15 (4) )	24. F	Warvin V. Will	ADDRESS	heste	toun Md.	RECED BY REGISTION	n 1903-1900-1994-00	Easely

STATE OF MARYLAND

The Second State of Second Sec AND THE SECOND OF SECOND SECON the transfer of the second second

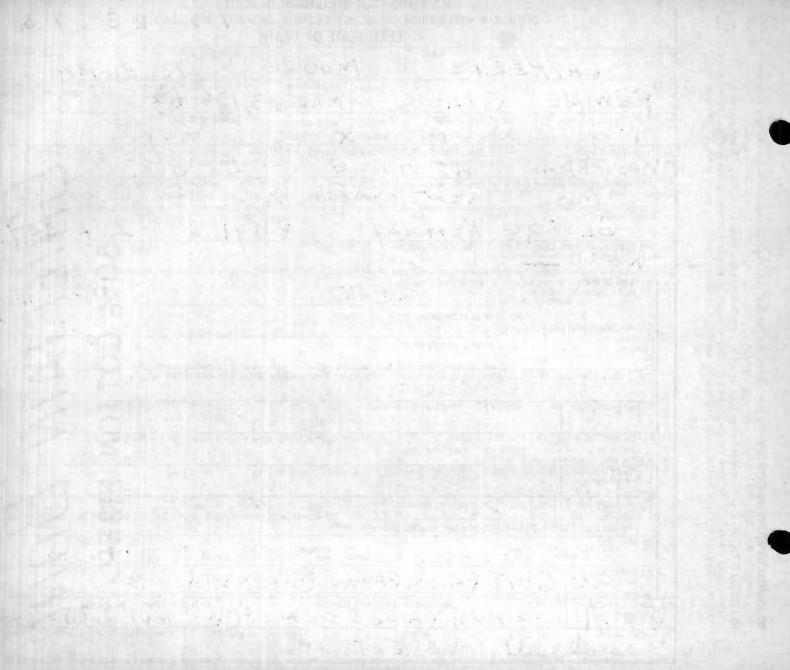
> 1	1.	FOR STATE REGISTRAR	, 1/1	14700 gJ	0500	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2 5	5	7 2
(44)		CEASED NAME OR PRINT)	FIRST	٨	MIDDLE	L	AST	20. DATE OF DEATH MO	INTH DAY	YEAR 2	26 HOUR
(MI)			Hel		Westcott		Girr	October 10,			6:18 A
	3. SE	Female		4 RACE Whit	e	Janua		6 AGE (IN YEARS LAST BIRTHO)	YRS.		IF UNDER 24 HRS. HOURS MIN.
Force.		RTHPLACE STATE OR FORD	EIGN	16. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR C	COUNTY OF DI	EATH	MD.
by the de		TY OR TOWN OF DEATH hestertown	н	11, NAME OF H	HOSPITAL NURSI	NG HOME C	ROTHER INSTITUTION  Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	1 126	KIND OF	BUSINESS OR
AND 212	USU.	at residence (if nursing thate aryland	G HOME OR 3b COUN Kent		GIVE RESIDENCE BEFOR 13c CITY OR TOV Rock Ha	re admission) VN 11	13d INSIDE CITY LIMITS? YES NO 🔼	Rt. # 1, Bo	x 43-A		
MARYL, ed withir ompletely ond 2 sh	14. FA	THER'S NAME FIRST James		widdle [anson	Glenn		15 MOTHER'S MAIDENNA Ethelyn	ME Laura	Pri	ce LAST	
BALTIMORE, cote be execut ysicion and coppers. Pages 1 val. it, the medical	.16a V	VAS DECEASED EVER IN VES, NO OR UNKNOWN) NO	U.S. AR	MED FORCES? WAR OR DATES)	212-74-		Hospital Re	ADDRESS Cords Chest		Md.	21620
es that the death certifes that the adeath certife by the attending places remove carbang urial, cremation, or remover, or other troumatic even		Conditions, if ony, gove rise to imme cause 10), stating underlying cause	which diate the lost	} DUE TO, OF	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	nvombor's	IONI C IVEN IN		ver h
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require, attending physician. After this certificate has been sign os the burial-transit permit. Then though Mental Hygiene prior to bu orked or them 18 shows any injury	CAL CERTIFICATION	190 DAYE OF OPERATION  210. ACCIDENT WAS UNDER  OR CONTRIBUTING CA  (IF EITHER, NOTIFY MEDICAL	OF OF DEA	196 CON 196 CO	FINJURY M. MONTH D	lin	N'MAS BEREORMED	200 AUTOPSY? 2	Ob. IF YES, WER N CERTIFYING YES	E FINDING CAUSES O	GS USED OF DEATH? NO
UVISION QC PHYS attendin fter this to the bu	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	E 🗀	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	co	UNTY	STATE
ENDI ruse ruse Heal		22a. I certify that (I) (t sow the deceased	olive on	UCTOD	er IU 19		ner 3, 19.79. Ind that in (my) (our) opinion	, to <u>October</u> death occurred on the date			not (I) (we) lost ouses stated
OR DIRE		276 SIGNATURE	1	ee,	/ n	con		MEDICAL STAFF DIRECTOR   PHYSICIA		O. 1	10.79
TO HOSPITAL TO FUNERAL should be det with the Store		Arthur T	Kee	fe, M.D				, Maryland 21	.620		
	23a. 8	SURIAL, CREMATION, RE	EMOVAL	23b. DATE	726 11	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	Y	STATE
BP DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	BUKIAL UNERAL DIRECTOR NAME FLEENBEIN	-Hu	BBARD 1	ADDRESS FUIVEIRE	CHES	The way	E REC'D. BY REGISTRAN 251	BESTRAR'S	NT	MI)

Item 5 g539 1/14/80 gj

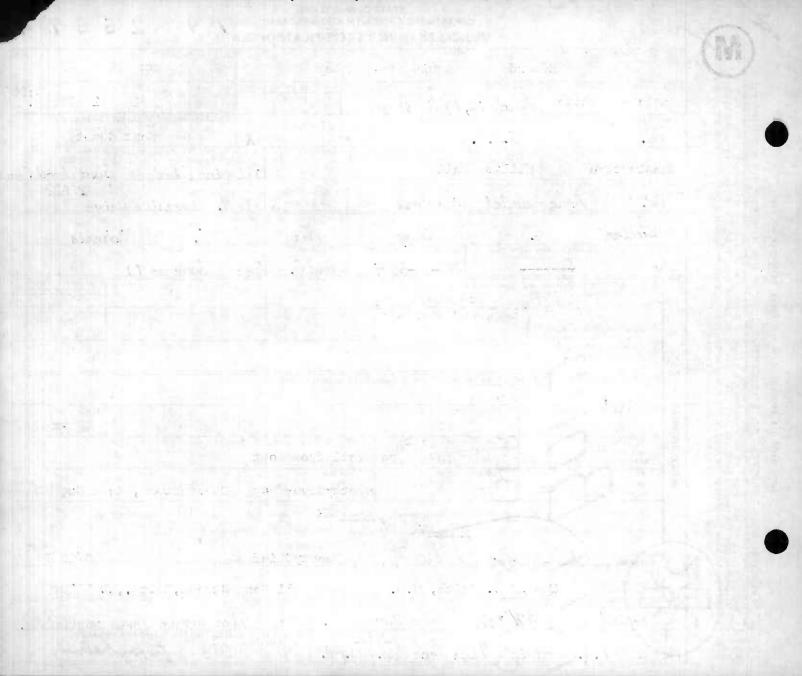
	o 6 0		
		not bus	

5	CERTIFICATE OF DEATH
death.	DECEASED-NAME (Type or print) CATHERINE Middle MUORE 20. DATE OF DEATH Month Day Year 2b. HOUR
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the attending physician and campletely filled by the funeral se as the burial-transit permit. Then please remove carban papers Priges I and 2 the prior to burial, crematian, ar removal, and in any event, within the after death	SEX FEMALE 4. RACE S. DATE OF BIRTH MARCH 3, 196 6. AGE (In years lifunder 24 HRS MONTHS DAYS HOURS MIN
95 Non	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED N
within within within within	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if red.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if red.)  12. INDUSTRY
equires that the death certificate be executed with physician. signed by the attending physician and campletely burial-transit permit. Then please remove carban burial, crematian, ar removal, and in any event, with	o. USUAL RESIDENCE (Where deceosed lived, if institutions residence before mission) STATE 13b. COUNTY KENT CHESTARION YES NO 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER 13b. COUNTY KENT CHESTARION YES NO 13b. COUNTY KENT CHESTARION YES NO 13c. CA (1001) STATE
e law requires that the death certificate be exe tending physician. Is been signed by the attending physician and consist the burial-transit permit. Then please remopriar to burial, crematian, ar removal, and in any	FATHER'S NAME First RORDE KENNELY 15. MOTHER'S MAIDENNAME First // S Middle Lindse
tificate hysicial n pleas	va. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) (If yes give wor or dates all service) 16b. SOCIAL SECURITY NO. (17. INFORMANT Address
ath cer nding p it. The ir remo	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  APPROXIMATE INTERVAL BETWEEN DISET AND DEATH  SCOTT YES
the de he atte it perm atian, c	Conditions, if any, which gave
physician. signed by t burial-trans	rise to immediate cause (o), (storing the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF (c)
requirent physical signs of the price purice to burice t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the I should be filed with the State Dept. of Health priar to I	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Forter parture of injury in Part 1 or Part 1 o
PHYSICIAN: The e haspital or at his certificate hostached far use Dept. of Health	Government of the contributing of the contribu
inG PHYSICIAL by the haspital ffer this certifice be detached fa state Dept. of H	While Not while O
ATTENDING etained by th CTOR: After t should be da vith the State	220. I certify that (I) (this hospital) attended the deceased fram
OR ATTEI OR ATTEI De retaine JIRECTOR: e 3 shoul	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
MAY be RAL DI	22d. PHYSICIAN'S NAME (Type) C. GO: TT FRIES BAUMAN Ches (Extown ME)
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspital O FUNERAL DIRECTOR: After this certification, page 3 should be detached is should be filed with the State Dept. of	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Recommon (Stote) 11-2-1979 ANESCEM. CHESTER 100-KENT MO
VR A15 (4) 30M REV. 1/68	ADDRESS  ADD

MARYLAND STATE DEPARTMENT OF HEALTH



Redward   Louis   Robey   Continue   Robey   Continue   Robey   Continue   Robey   Continue   Robey   Continue   Robey   Continue   Robey	1. DE	STATE REGISTRAR CEASED NAME	FIRST		MIDDLE	IER'S CI	ERTIFICAT	TE OF DE	2a. DATE	REG.		H DAY	YEAR
male white March 16, 1942 Loss Bellevon Day Romonice 10 12    Bertharce (sharor   16, CHIZEN OF WHAT COUNTRY?   1, MARRIED   NEVER MARRIED   9, BALTIMORE CITY OR COUNTRY OF CONGRESS ON MILE CITY OR TOWN OF DEATH   II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   122 USUAL OCCUPATION TIPE OF WORK 172 NO NO NO NO NORNOW   172 NO NO NO NORNOW   172 NO NO NORNOW   172 NO NO NO NORNOW   172 NO NO NORNOW   173 NO NO NORNOW   173 NO NO NORNOW   174 NO NO NORNOW   174 NO NO NORNOW   174 NO NO NORNOW   174 NO NO NO NO NORNOW   174 NO NO NO NORNOW   174 NO NO NO NO NORNOW   174 NO	(TY	PE OR PRINT)							DEATH	MATED	XX.	10 6	79
NAME   NOTE OF MACHINE   NOTE OF MACHINE   NOTE OF NOTE   NOTE OF NOTE OF NOTE   NOTE OF NOTE OF NOTE OF NOTE   NOTE OF NOTE OF NOTE OF NOTE   NOTE OF	1	male	white	March 16,	1948 31 Y	MONTHS			PRONOU! DEAD	NCED	10	12 19	
DELOCATION OF DEATH  IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN COUNTY, GIVE STORM OR OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN COUNTY OR TOWN  PART JOURN OR OTHER INSTITUTION, GIVE RESIDENCE REPORCE ADMISSION)  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE OF A MISSION OR OTHER INSTITUTION OR AND A MISSION OR OTHER INSTITUTION OR AND A MISSION OR OTHER INSTITUTION OR AND A MISSION OR OTHER INSTITUTION  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION OR AND A MISSION OR OTHER INSTITUTION OR AND A CONSEQUENCE OF  IN SULAL RESIDENCE (IP IN NURSING HOME OR OTHER INSTITUTION, GIVE IN PART I (IP).  IN SULAL RESIDENCE (IP IN NURS OR OTHER INSTITUTION, GIVE IN PART I (IP).  IN SULAL RESIDENCE (IP IN NURS OR OTHER INSTITUTION, GIVE IN PART I (IP).  IN SULAL RESIDENCE (IP IN IN INSTITUTION, GIVE IN IN PART I (IP).  IN SULAL RESIDENCE (IP IN IN IN IN IN IN IN INFORMANCE OR OTHER IN IN IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN INFORMANCE OR OTHER IN INFORMANCE OR OTHER IN INFORMANCE OR OTHER IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN INFORMANCE OR OTHER IN INCIDENCE OR OTHER IN INCIDENC	7a. 8	OREIGN COUNTRY)	TE OR 76		T COUNTRY?					ORE CITY	_		
136 STATE   US COUNTY   Anne Anundel   132 CITY OR TOWN   134 MISSI CITY (IMINIS)   135 MISSI CALL SECRITY NO.   136 MISSI CITY (IMINIS)   135 MIS	CI	hesterto	wn /	Willis W	Vells		r institution	112a. U	OR MOST OF WOR	RKING LIFE)	,	Sout	OF BUI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)   19. CAUSE OF DEATH (Enter only one cause per line for (a), ond (c).)	USU 13a :	AL RESIDENCE (I	FIN NURSING HOME OR O COUNTY Anne A	rundel	residence before admiss 13. City or town Pasadena	101)			TREET ADDRE	iver	vide L	Drive 2	112
186. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   17. INFORMANY   ADDRESS     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   Mary ( Robey same as 13     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   Mary ( Robey same as 13     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   Mary ( Robey same as 13     18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   Mary ( Robey same as 13     218. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   214-50-5809   Mary ( Robey same as 13     218. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   218-60-5809   Mary ( Robey same as 13     218-60-5809   Mary ( Robey same as 13     218-60-5809   Mary ( Robey same as 13     218-60-6809   Mary ( Rob	14. F		. Ĝ	<b>♦</b>	Robey		FIRST		W-			Robert	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	- (	YES, NO. OR UNKNOY	EVER IN U.S. ARME	D FORCES? R OR DATES)			7. INFORMAN	ĭ	1 1		40		
AT WORK AT WORK AND Day NagothyRiver/Bay Chestertown, Kent 22e. I certify that I took thorge of the remain described above, held an death resulted from Antique Day National XX State D. Hamicide D. Undetermined monner D. TITLE (SPECIFY)  ACTUAL SIGNATURE  DATE SIGNED 1	NO	cause (a) : lying caus	stating the <u>under</u> e last.	(c)			OR CONDITION GIVE	N IN PART 1 (a),					
AT WORK AT WORK AND DAY INASCRIPTION, Kent 200. I certify that I took charge of the convent described above, held an Autopsy XX Inspection , Inquiry , and in my apinion death resulted from	IFICATI	19e. DATE OF	OPERATION	196. CONDITIO	ON FOR WHICH OPE	RATION WA	S PERFORMED	?				20. AUT YES	OPSY?
AT WORK AT WOR	CAL CERT	UNDERLYING	XXIOR	216. TIME OF I HOUR A.M. ? P.M.	NJURY (est) MONTH DAY YEA 10/6 197	9 fe:			ER NATURE OF IN	JURY IN ITEM	18 PART 1 OR	PART 2)	
22a. I certify that I took charge of the company described above, held an Autopsy XX Inspection , Inquiry , and in my opinion death resulted from Actual XX Sylve , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE DATE SIGNED 1.	MEDIC			STREET, FACTO	INJURY (AT HOME,	21f. LOC		r/Bay	City or to Ches	tert	own,	COUNTY Kent C	ο,
I LITYPE OR PRINT! LITUILES D. DILLUI. M.D. ADDECC LIL PEHLI DLIGEL. DELLO MD	6	22a. I certify death resulte ACTUAL SIGNATURE EXAMINER'S N	d from	Wat C	Must s	de []	Homicide TITLE (SPECI	Und IFY) Chief <sub>M</sub>	letermined m	anner _	DAT SIG	E 10/	
230. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHY OR TOWN OF COUNTY	230.	CTYPE OR PRIN BURIAL, CREMAT (SPECIF BURIO	ION PEMOVAL 22h		23c. NAME OF CE	METERY OR	CREMATORY	23d.	LOCATION		C	OUNTY	51.



-	3	1-	FOR STATE REGISTRAR			PARTMENT OF I				REG. NO.	5 5 7	5
(M)			CEASED NAME E OR PRINT)	Frank	Marie	NIDDLE	Sewell		20. DATE KNO OF ES DEATH MA	OWN ONTH	8,1979	26419 UR
SARY, AL DIR YOU IN 72	No.	3. SE) <b>m</b>	ale	white	5. DATE OF BIRTH MONTH April 11	AGE (IN YEAR LAST AND THE AGE (IN YEAR THE AGE)	MONTHS DAYS	IF UNDER 24 HR	S. 2c. DATE PRONOUNCEI DEAD	нтиом	DAY YEAR	2d. HOUR
NECESSARY, FUNERAL DIE 5 FOR YOU WITHIN 72	35		RTHPLACE (ST	ATE OR	16. CITIZEN OF WHA	COUNTRY?	8 MARRIED NE	EVER MARRIED C	9. BALTIMORI Ker	ECITY OR COUP	NTY OF DEATH	MD
AY IS THE AGE FILED	00		ck Hall	OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME TY, GIVESTREET ADDRESSE THOUNG, OF	, OR OTHER INSTITU L Bay Side	e Dr. 12a L	USUAL OCCUPATION MOST OF WORKING		OR INDUST Seafood	USINESS
1201 AND 3 RETAI HOULD	30	13a. S		IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE F TY	ROCK HOLL	AE MEDIO (	CITY LIMITS? 138.5	TREET ADDRESS	Ave		
ATH S 1, PM VID 2	1110		THER'S NAME			vellast	Ani	ER'S MAIDEN NA FIRST LE	MIDDL	Pu	ulskie,	11.451
, BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PAGES I AN	ISION OF	{Y	VAS DECEASED ES, NO, OR UNKNO YES	EVER IN U.S. ARA	WAR OR DATES)	215-20-21		· Frank		Hawthon	n Ave.	Rock
EXECUTED WITHIN 24 HOUNG" IN PENCIL IN ITEM 18 INCAL EXAMINER ALONG AND MENTAL HYDROFFINE AND MENTAL HYDIENE!	R REMO		Canditian gave ris cause (a) lying cau	s, if any, which e ta immediate stating the <u>under-</u> se last.	DUE TO, OR AS	A CONSEQUENCE ( A CONSEQUENCE (	DF	)N GIYEN IN PART 1 (a).			BETWEEN ONSE	442
OF VITAL RECORDS,  TATE SHOULD BE EXE:  E WORD "PENDING"  THE CHIEF MEDICA!  ILD BE USED AS A BR  MENT OF HEALTH AN		CATION	190. DATE OF	OPERATION	19b. CONDITIC	N FOR WHICH OPER	ATION WAS PERFOR	RMED?			20. AUTOPSY	6.5
DIVISION OF VITA  8. THIS CERTIFICATE SHO IE, WRITING THE WORD DRWARDED TO THE CHI S. PAGE 3 SHOULD BE US CATATE DEPARATIVENT OF	TO BURIAL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR		JURY MONTH DAY YEAR		Y OCCURRED (ENT	ER NATURE OF INJURY	IN ITEM 18 PART 1 OR I	YES	NO X
DIVISION  DIVISION  THIS CERTIFIC  ATE, WRITING TH FORWARDED TO DR. PAGE 3 SHOUL  BE STATE DEPARTS	101 PRIOR	MEDIC	21d. INJURY C WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR		21f. LOCATION STREET		CITY OR TOWN	c	OUNTY	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW FOR OUR BE FORW	LTIMORE, MARYLAND, 212			y that I taak charged fram: Nature	e af the remains descri al causes : A Dick , M.	ccident , Su	Autapsy , , , , , , , , , , , , , , , , , , ,	Med. (heste) Medical	Inquiry Letermined manner mann	nd. sign	t Queen	.79 Anne'
0 3 4 0 5	BAL		Dura	ION REMOVAL 2	10-10-79	Wesley (	hapel e	metery R	LOCATION al		Erico. Md	TATE
DHMH - 17 (VR A15 ME (			ellenbe		ard Funera	L Home.	hester, M	250. DATE REC'D.	BY REGISTRAR	Sb. REGISTRAR'S	SIGNATURE	4

STATE OF MARYLAND

W		thing high		- Ind	
			Last, William		30000
	510,1				
1000	M. Adda.si	• 1 1 1 1		mo E	וועטון ואַנ
	ave sowie.	31	12.11 12.25	buto v	
a di a diamenta		23480	JUSTOL -	Hui	
			and the second		

1	, -	
叓	AS.	
		1

conceined 16. 1970	Siema	ther Civia	
70	ores as devel	edim	Tenle
Fent County	The State of	.1.8.11	Contract Contract
Tomacuife Educatio	Landyned wienel	Sent & Suces	mmd restoods
78. F.1. Box 11.	T. M. IC.	100	X Labora
date(I)	975	dog. The state of the	Term of all
			o:
Port for motor 1 to 10		September 15	

Qni

THE FENSEW - NUMBERS FROM HAME

	1	FOR - STATE			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE 7 9	2	5 5	7 7
		REGISTRAR	FIDST	To You	WIDDLE		ICATE OF DEATH	REG. N			
and .	(TY	ECEASED NAME PE OR PRINT)	1 1101	1				20. DATE OF DEATH		YEAR	26 HOUR
A May	3. S	EV	Bert	na 4 RACE	May	5. DATE C	ant	October 8,		JNDLR 1 YEAR	1:10
( NAD )	3. 3	Female		Whit		MONTH	DAY YEAR		MON	THS DAYS	HOURS MI
	70	BIRTHPLACE (STATE OR FOI	REIGN		WHAT COUNTRY?	Marc		83	P COUNTY OF	FDEATH	
oth. 72 72 2	25	country) [aryland		U.S.A		MARRIE	D NEVER MARRIED DIVORCED	Kent Cou			
her de fun within within		CITY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF	
s ofte by the filed w	7 0	hestertown			and Oueer		's Hospital	Housewife		INDUSTRY	
pe pe	USU	JAL RESIDENCE (IF NURSII	NG HOME OF	OTHER INSTITUTIO		E ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	The sales		
filled outd!	26	aryland	Ken		Chester		YES NO X	Rte.#1			
vithin etely 12 sh		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	11 to 100	LAST	
ond ond	40	George		S.	Morris		Georgia			Lynch	
xecut nd co ges 1 dicol.	1 160	WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	ESS		
9 00 8		No	-		215-38-	0369	Hospital Re	cords - Che	stertow		
pte b sicion ppers. of.		18 CAUSE OF DEATH	(Enter or	nly one cause pe	er line for (a), (b), on	d (c).		>		BETWEEN O	NSET AND DEA
phys phys phys phys phys phys phys phys		PART I. DEATH WA		ED BY: TE CAUSE (0)	Cerebral	Va	senlar acc	edent			
he death cert he ottending   emove carbor matian, ar rer	- 10	13/		DUE TO,	OR AS A CONSEQU	ENCE OF					
death of the nave of the officer, troumed		Conditions, if any,	which	(h)		oscle	rosis			101111	
by the o		gove rise to imm	ediote	DUETO	OR AS A CONSEOU	ENICE OF		A Mary May			
by by l, cr		underlying couse	lost	((c)	DR A3 A CONSCO	EIVEE OI			24 ( )		
uires 16 signed sen plec o buriol ury, or	-110	PART 2. OTHER SIGN	IFICANT (	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	
n sig	NO NO		atu	al 7	rbrillate	0					
n. n. os been sig	CERTIFICATION	190 DATE OF OPERAT	ION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED
The is icion.	718	12.77						YES NO	YES [		NO 🗆
SICIAN: The graph properties of the physician introduction of the physician interpolation of the physician in the physician i	Q 8	21a. ACCIDENT WAS UND			OF INJURY	AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
SICIA ng ph certifi urial-ti entol	1 3	OR CONTRIBUTING C		AIN .	P.M.	19					
Hys adar	MEDICAL	21d. INJURY OCCURR			E OF INJURY	EADAA ETC 1	211. LOCATION	CITY OR TO	WN	COUNTY	STATE
DING P or offer 11 After 11 ie os the olth and morked	1 5	WHILE NOT WH	ILE	(AT HOME, 3	TREET, FACTORT, OFFICE,	ARM, ETC.					JIAIL
Do A so E		22a. L certify that (I) (	this hospi	ital) attended t	he deceased from_	Septe	mber 23 19 79	, to October	8 19.	79 . 1	hat (I) (we)
OR ATTEN e hospital DIRECTOR: oched for us Dept. of He		sow the deceased abave, (I) (we) (di	d olive on	Octob	er 8 19		nd that in (my) (aur) opinion	deoth occurred an the d	ate and hour ar	nd fram the c	ouses stated
hos hos beept.		226 SIGNATURE	ar (old file			200	DEGREE			22c. DATE S	IGNED
the Detocler			1	K.K.	Meren		ATTENDING )	MEDICAL STA			
by by VERA		22d. PHYSICIAN'S NA	ME (TYPE C	PRINT)			22e ADDRESS				
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the State I IMPORTANT; if	1	Dr. Kim	K. Wi	in. M.D			Chestertown	n, Maryland	21620		
of of of with MA	23n	BURIAL CREMATION				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN			
8P	-	BURIAL		10-11	79 11	LECTI	FOLINI D CEM	CITY OR TOWN	11.1E %	TA C	STATE .
	24	FUNERAL DIRECTOR	- 1	110-11		1 450	7-7 M 17 250 DAT	E REC'D BY REGISTRAR	256. A G (521) A	I'S S GNAM	JRE _
DHMH - 16 50M 7/77 (VR A 15 (4))	1	GI TENIZELA	-14	חבות ביבון	ADDRESS (	1991	C. OC	T1519/9	program	17700	Mody
		LL PRIVIDE/	114	DAMNI	1 UNTINY	100	10		-		

	erio Turo I		
	HIERS-BILL	~.0	